



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirmation No.: 7636
Applicant : John E. Edwards, Jr., et al.
Filing Date : November 18, 2001
Title : Pharmaceutical Compositions and Methods to Vaccinate Against Disseminated Candidiasis
Group Art Unit : 1645
Examiner : Sarvamangala J N Devi
Docket No. : 13361.4001
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated September 20, 2005.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
Fee		\$60.00

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: December 27, 2005

Sally Hartwell

OC-139314.1

12/30/2005 FHETEK11 00000011 150665 09715876

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Appl. No. : 09/715,876
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☒ If an additional extension of time is required, please consider this a petition therefor.

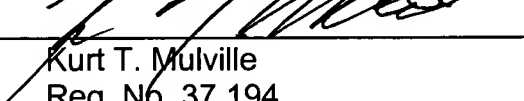
Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$60.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	4	-	20	=	0	x	\$50.00	\$0.00
Independent Claims	2	-	3	=	0	x	\$200.00	\$0.00
Application Size Fee (<small>\$250 for each additional 50 sheets or fraction thereof</small>)	40	-	100	=	100	x	250.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>					\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input checked="" type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input checked="" type="checkbox"/>								\$0.00
Extension of Time (from above)								\$60.00
Request to Correct Inventorship under 37 CFR § 1.48(a)								\$130.00
Assignment -- \$40 (if applicable)							<input checked="" type="checkbox"/>	\$40.00
TOTAL FEES SUBMITTED HERewith								\$230.00

Respectfully submitted,

Dated: December 27, 2005

By: 
Kurt T. Mulville
Reg. No. 37,194

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